A Failing Grade
David B. Nash, MD, MBA

Imagine purchasing a camera, a refrigerator, or a brand new flat screen television set that received a failing grade from the venerable Consumers Union (CU), the nonprofit publisher of Consumer Reports. No thinking individual would knowingly buy any item or service that received a low grade from this well-established protector of our purchases. As a result, a CU report (To Err Is Human—To Delay Is Deadly: Ten Years Later, a Million Lives Lost, Billions of Dollars Wasted) grabbed my attention. Published in May 2009, the report is part of the Safe Patient Project, sponsored by CU. This report deserves our immediate consideration.

It’s been 10 years since the publication of the landmark Institute of Medicine’s (IOM’s) report, To Err Is Human. The IOM report declared that as many as 98,000 people die needlessly each year because of preventable medical harm, including hospital-acquired infections and medication errors. According to the CU report:

Ten years later, we don’t know if we’ve made any real progress, and efforts to reduce the harm caused by our medical care system are few and fragmented. With little transparency and no public reporting (except where hard fought state laws now require public reporting of hospital infections), scarce data does not paint a picture of real progress.

As a result of its review of the evidence, CU gives the nation a failing grade on its progress in creating a safe and error-free health care system. In its landmark report, CU calls for a nationwide “MVP system” of reporting—one that is mandatory, validated, and public—that would cover all preventable acquired infections and medical errors. The report also claims that public reporting of avoidable harm is the only effective accountability measure we currently have.

Along with giving the nation a poor grade, CU suggests ways to improve our collective score. Among these recommendations is an overarching commitment to the MVP philosophy. To make this philosophy workable, CU recommends the following:

1. The FDA should use its authority to rigorously set and enforce the naming, labeling, and packaging standards necessary to reduce confusion among new and existing drugs that can lead to errors. At present, the FDA does not address the problem of look-alike, sound-alike agents that are already on the marketplace. CU seeks an expansion of current FDA pilot programs that evaluate name confusion with outside third parties, and it wants this program to be completed no later than 2011.

2. MVP reporting of avoidable medical harm should include all hospital-acquired infections and medication errors at both the state and the national level. This far-reaching recommendation has implications for nearly half the states. In the 26 states that now have some type of mandatory reporting system for hospital-acquired infections, only 12 states require that the data be validated for accuracy. In addition, only Pennsylvania reports on all types of hospital-acquired infections, whereas the other states are much more selective about what they report.

3. Better training in patient safety is essential for doctors and nurses as part of the Safe Patient Project. The Jefferson School of Population Health has continued on page 685
CU concludes:

As the nation begins to reform our health care system, we have an opportunity to take effective and accountable action to make health care safer for all Americans. The time to act is now. We cannot wait another decade.

To this I would only add, Amen.

As always, I am interested in your views. You can reach me at david.nash@jefferson.edu. Please visit my blog at http://nashhealthpolicy.blogspot.com.

REFERENCES
